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MARY PAT MCMAHON
THE PROCTER & GAMBLE COMPANY
MIAMI VALLEY LABS
P O BOX 538707
CINCINNATI OH 45253-8707

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filling Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filling Receipt with the changes noted thereon.

Applicant(s)

MICHAEL W. SCHERZ, WEST CHESTER, OH.

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(see reverse)